



Arizona Department of Agriculture

Office of Pest Management

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www.azda.gov

Change in Business Licensee Entity Application

Fee Schedule: NO FEE REQUIRED

CURRENT ENTITY - SELECT ONLY ONE:

- ☐ SOLE PROPRIETOR ☐ PARTNERSHIP ☐ CORPORATION ☐ STATE ☐ SCHOOL DISTRICT
☐ LIMITED LIABILITY COMPANY ☐ POLITICAL SUBDIVISION ☐ FEDERAL AGENCY

Business Licensee: (Please print clearly or type)

Current Entity Name: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Physical Address: _____ City: _____ State: _____ ZIP: _____

Email: _____

Business Information:

Business Name: _____

Business License #: _____ Telephone: _____ Fax: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Physical Address: _____ City: _____ State: _____ ZIP: _____

Chemical Storage Address: _____ City: _____ State: _____ ZIP: _____

NEW ENTITY - SELECT ONLY ONE:

- ☐ SOLE PROPRIETOR ☐ PARTNERSHIP ☐ CORPORATION ☐ STATE ☐ SCHOOL DISTRICT
☐ LIMITED LIABILITY COMPANY ☐ POLITICAL SUBDIVISION ☐ FEDERAL AGENCY

New Entity Name: _____

Reason for Change in Ownership Entity: _____

This application is for Business Licensee Entity Changes only; Business License Name Changes must be submitted on the appropriate application. Applicants requesting to become a Sole Proprietor or Partnership must submit copy of Registered Trade Name Certificate confirming that the Ownership Entity has registered the Business Name. Applicants requesting to become a Limited Liability Company or Corporation must submit the Arizona Corporation Commission Approved Articles of Organization (LLC.) or Articles of Incorporation. Financial Security must be held in the name as registered with the OPM. Qualifying Party and Business Licenses expire on May 31st of each year except that a new Business License and Qualifying Party registration issued this calendar year shall expire May 31st of the following year.

By signing this application, I affirm that I have read and understand the information contained herein and attest that all information provided is true and correct.

*APPLICANT SIGNATURE: _____ DATE: _____

(*Authorized Signature of – Sole Proprietor, Managing Partner, or Corporate Officer only)